



STATE OF RHODE ISLAND
DIVISION OF TAXATION * ONE CAPITOL HILL
PROVIDENCE, RI 02908-5811

2007

BUSINESS ENTITY TAX CREDIT APPLICATION

TAX CREDITS FOR CONTRIBUTIONS TO SCHOLARSHIP ORGANIZATIONS

FOR THE CURRENT FISCAL YEAR (JULY 1, 2006 - JUNE 30, 2007), APPLICATIONS WILL BE ACCEPTED STARTING ON JANUARY 1, 2007. ANY APPLICATION RECEIVED PRIOR TO JANUARY 1, 2007 WILL BE RETURNED TO THE APPLICANT. STARTING WITH FISCAL YEAR 2008 (JULY 1, 2007 - JUNE 30, 2008), APPLICATIONS WILL BE ACCEPTED STARTING ON JULY 1, 2007. ANY APPLICATION RECEIVED PRIOR TO THE START OF THE FISCAL YEAR WILL BE RETURNED TO THE APPLICANT. IN THE CASE OF A TWO-YEAR COMMITMENT, THE APPLICATION MAY BE SUBMITTED BEGINNING ON THE FIRST DAY ALLOWED FOR THE INITIAL DONATION YEAR.

Business
Entity
Information

| | | |
|-------------------------------|-------|----------|
| NAME | | |
| ADDRESS | | |
| CITY | STATE | ZIP CODE |
| FEDERAL IDENTIFICATION NUMBER | | |
| TAX YEAR END DATE | | |

Contact
Information

| | |
|--------------|------------|
| NAME | TITLE |
| PHONE NUMBER | FAX NUMBER |

Is this an Initial Application for the tuition tax credit? ☐ YES ☐ NO

Will this be a two-year commitment? ☐ YES ☐ NO

Please list below the total amount to be donated along with the scholarship organization(s) who will be receiving your donation and how much each scholarship organization will be receiving:

TOTAL amount to be donated per year: \$ _____

| <u>Qualified Scholarship Organization</u> | <u>Amount of Donation</u> |
|---|---------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Which tax will the tuition tax credit be applied against?

- | | |
|--|---|
| <input type="checkbox"/> Business Corporation Tax - §44-11 | <input type="checkbox"/> Tax on Bank Deposits - §44-15 |
| <input type="checkbox"/> Public Service Corporation Tax - §44-13 | <input type="checkbox"/> Taxation of Insurance Companies - §44-17 |
| <input type="checkbox"/> Taxation of Banks - §44-14 | |

Under penalty of perjury, I declare that I have examined this application and to the best of my knowledge, all of this information is true, accurate, and complete.

| | | |
|-----------|-------|-------|
| _____ | _____ | _____ |
| Signature | Title | Date |

Please Print Name

NOTE: DONATIONS MUST BE MADE NO LATER THAN 120 DAYS AFTER THE APPLICATION HAS BEEN APPROVED BY THE DIVISION OF TAXATION. FOR A TWO-YEAR COMMITMENT, THE FIRST YEAR'S DONATION MUST BE MADE WITHIN 120 DAYS OF APPROVAL AND THE SECOND YEAR'S DONATION MUST BE MADE BY THE SAME DATE IN THE SUBSEQUENT YEAR.

Send completed application to Rhode Island Division of Taxation - One Capitol Hill - Providence, RI 02908-5811 - Attn: Charles Larocque